



LOS ANGELES COUNTY COMMISSION ON HIV

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COMMISSION ON HIV MEETING MINUTES November 4, 2011

Approved
12/8/2011

MEMBERS PRESENT	MEMBERS PRESENT (<i>cont.</i>)	PUBLIC	DHSP STAFF
Carla Bailey, Co-Chair/Kevin Lewis	Juan Rivera	H. Avilez	Julie Cross
Michael Johnson, Co-Chair	Stephen Simon	Cheryl Barrit	Juhua Wu
Sergio Aviña	Robert Sotomayor	Zoyla Cruz	
Joseph Cadden	Carlos Vega-Matos	Tracey Cumberland	
Nettie DeAugustine	Tonya Washington-Hendricks	Ramon Garcia	COMMISSION STAFF/CONSULTANTS
Whitney Engeran-Cordova	Kathy Watt	Shawn Griffin	
Aaron Fox	Fariba Younai	Amy Gutierrez	Erinn Cortez
Douglas Frye		S. Randal Henry	Jane Nachazel
Terry Goddard		Ayanna Kiburi (<i>by phone</i>)	Glenda Pinney
Joseph Green	MEMBERS ABSENT	Luke Klipp	James Stewart
Thelma James	Al Ballesteros	Karen Mark (<i>by phone</i>)	Craig Vincent-Jones
David Kelly	Anthony Braswell	Alfredo Mendoza	Nicole Werner
Bradley Land	Lilia Espinoza	Amy Nguyen	
Ted Liso	David Giugni	Kelly Nguyen	
Anna Long	Lee Kochems	Charles Noble	
Abad Lopez	Elizabeth MENDIA	Natalie Sanchez	
Angélica Palmeros	Quentin O'Brien	Preeti Sodhi	
Mario Pérez	Jenny O'Malley	Sharon White	
Karen Peterson		Jason Wise	

1. CALL TO ORDER: Mr. Johnson called the meeting to order at 9:20 am.

A. Roll Call (Present): Bailey/Lewis, Cadden, Engeran-Cordova, Fox, Frye, Goddard, Green, James, Johnson, Kelly, Land, Liso, Long, Lopez, Peterson, Rivera, Simon, Sotomayor, Vega-Matos, Washington-Hendricks, Watt, Younai.

2. APPROVAL OF AGENDA:

MOTION 1: Approve the Agenda Order (*Passed by Consensus*).

3. APPROVAL OF MEETING MINUTES:

MOTION 2: Approve minutes from the 8/11/2011 and 9/8/2011 Commission on HIV meetings and the 10/5/2011 Joint Commission on HIV/Prevention Planning Committee (PPC) meeting (*Passed by Consensus*).

4. CONSENT CALENDAR:

MOTION 3: Approve the Consent Calendar with Motions 4 and 5 pulled for deliberation (*Passed by Consensus*).

5. PARLIAMENTARY TRAINING: Mr. Stewart reported that he was re-elected President, California State Association of Parliamentarians.

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6. PUBLIC COMMENT, NON-AGENDIZED OR FOLLOW-UP:

- Ms. Amy Nguyen, Mission Road Pharmacy, expressed concern about recent Centers for Medicare and Medicaid (CMS) approval of a 10% cut for many health care providers, including pharmacies. With previous Medi-Cal cuts, the 10% cut will cause negative reimbursement for most HIV medications, e.g., Atripla would cost pharmacies \$100 per prescription.
- Ms. Kelly Nguyen reported that a recent California Pharmacy Association survey found at least 90% of pharmacies would turn patients away. CMS and Medi-Cal analyzed the impact of the cut, but only evaluated current care rather than potential access issues. She felt the number of patients forced to County pharmacies could well overwhelm those facilities.

7. COMMISSION COMMENT, NON-AGENDIZED OR FOLLOW-UP: There were no comments.

8. CO-CHAIRS' REPORT:

A. Co-Chair/At-Large Nominations:

- Mr. Stewart opened nominations for Ms. Bailey's Co-Chair position and three At-Large Executive Committee member terms, which expire in December. Elections will be held at the December meeting with new terms starting January 2012.
- One of the two Co-Chairs must be HIV+ and one a person of color. Commission policy expresses a preference that at least one of the Co-Chairs is female. As Mr. Johnson is HIV+, the only nomination requirement is that the candidate be a person of color. Ms. Bailey was re-nominated.
- The only At-Large requirement is service on the Commission for a minimum of one year. Current members are Mr. Aviña, Mr. Liso and Ms. DeAugustine, who is retiring. Mr. Liso was re-nominated and Mr. Engeran-Cordova was nominated.
- Nominations will remain open until the elections at the next Commission meeting.

B. Ryan White (RW) Part A Application Letter of Assurance: A copy of the letter is required for the application, providing assurances for various planning council and administrative mechanism requirements from HRSA.

C. Member Retirement:

- Mr. Johnson announced the retirement of Commissioner Ms. DeAugustine, who has served on the Commission for approximately 15 years. He noted that she would be receiving a proclamation at the 11/22/2010 Board of Supervisors meeting honoring her service, and thanked her personally for her guidance, support and friendship.
- Mr. Vincent-Jones noted she and Mr. Ballesteros were Commission Co-Chairs when he joined OAPP ten years earlier, and the two of them were active members since before that and were instrumental in the Commission's becoming an independent County agency. He noted that has been a partner, mentor and friend to many, including him, and a leader in the community.
- Mr. Engeran-Cordova praised her ability to be simultaneously principled, committed and unyielding in service. He attributed the good community reputation of the Long Beach Health Department in large part to her.
- Mr. Stewart said she and Mr. Ballesteros brought him to the Commission and spearheaded renewal from a contentious body to one that is reasoned, focused and able to do significant work.
- Ms. Watt added she was critical moving the Commission from uninviting experience to supporting the consumer voice. She hoped lessons learned would pass to a new generation.
- Ms. Palmeros thanked Ms. DeAugustine for her leadership, guidance, mentorship and friendship, especially as a colleague at another health department. She noted she has served in that capacity for many in the HIV and health fields.
- Mr. Land reflected on chairing committees with Ms. DeAugustine and developing the first Comprehensive Care Plan. He honored her for teaching the value of the consumer voice and the responsibility of standing for principles publicly.
- From his first meeting with her, Dr. Frye experience Ms. DeAugustine as passionate, on topic, and teamwork-oriented.
- Many praised her mentorship and leadership in saving lives locally, in New Orleans and across the country.
- Ms. DeAugustine said she felt privileged to know and work with commissioners. She sought to project that providers care. Her mission has always been to make lives better. She considered all not only colleagues, but friends.

9. EXECUTIVE DIRECTOR'S REPORT: There was no report.

10. CALIFORNIA OFFICE OF AIDS (OA) REPORT:

A. California Planning Group (CPG): Ms. Kiburi, Chief, HIV Care Branch, said work continues on the Comprehensive Care and Prevention Plan, due 6/2010. Work group co-chairs meet every two weeks. All members met 11/3/2011 to finalize and fine-

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tune the format and content based on input from CPG members and the changing landscape of the National HIV/AIDS Strategy (NHAS). As pieces of the Plan are written they will be posted on the Advisory Network for review and comment.

B. OA Work/Information:

- Ms. Kiburi said OA was in the process of finalizing the FY 2012 Part B application. OA's Care Branch is reviewing Part A applications to ensure collaboration as needed. The Part B application is due to HRSA 1/3/2012.
- The Care Branch is developing OA LIHP guidance for Part B contractors. Part A, C and D contractors also requested more HRSA guidance on coordinating LIHP screening. A 10/31/2011 teleconference for such guidance included HRSA, Department of Health Care Services (DHCS), LIHP staff, OA, all RW Part B contractors and LIHP administrators for the ten Legacy counties. HRSA referred all questions back to its guidance released in August.
- OA also requested LIHP screening plans by 11/15/2011 from the Legacy counties. While plans are primarily for Part B contractor coordination, they can be coordinated with ADAP screening so long as non-ADAP clients are included.
- Dr. Mark, Interim Division Chief, noted recruitment for a permanent OA Director was extended to 11/17/2011. Recruitment is being handled through the Center for Infectious Diseases, Department of Public Health (DPH).
- The Surveillance, Research and Evaluation Branch is recruiting a Community Advisory Board (CAB) member for the Medical Monitoring Project, a CDC-expanded surveillance project. Email Michel.Foster@cdph.ca.gov for information.
- Medicare Part D open enrollment began 10/15/2011 for coverage starting 1/1/2012. New Part D enrollees must apply by 12/7/2011. Existing enrollees need not re-apply. OA will begin accepting annual applications for the Medicare Part D Premium Payment Program on 11/15/2011. The application for new or continuing Part D clients is on the OA website.
- OA is planning a kick-off for its premium payment plan for the Pre-existing Condition Insurance Plan (PCIP) administered by the Managed Risk Medical Insurance Board (MRMIB). A wide array of stakeholders will be notified as plans are finalized, including ADAP, OA-PCIP and OA-HIPP enrollment workers; ADAP coordinators; and RW contractors. PCIP qualifications are: California resident, US citizen/legal resident, pre-existing condition, and without comprehensive health coverage for at least six months. OA-PCIP qualifications are: enrolled in MRMIB's PCIP, HIV or AIDS diagnosis, 18 years of age or older, adjusted gross annual income of \$50,000 or less, and not enrolled in Medicare, Medi-Cal or LIHP.
- The OA hotline, 1 (800) 367-2437, will refer clients to PCIP and OA-PCIP enrollment sites or provide other assistance.
- On 7/1/2011, OA expanded its Health Insurance Premium Payment (HIPP) program and renamed it from CARE/HIPP to OA-HIPP. Clients no longer need be considered disabled and can remain in OA-HIPP as long as needed. The income limit increased to \$50,000, federally adjusted gross annual income, the asset limit was eliminated and the maximum amount allowed for insurance premiums was increased. Enrollment has increased from 109 on 6/30/2011 to 366 on 11/1/2011. There is no open enrollment period for OA-HIPP. Applications are accepted on a continuous basis.

11. DIVISION OF HIV AND STD PROGRAMS (DHSP) REPORT:

A. HIV Epidemiology Report

- Dr. Frye, Chief, HIV Epidemiology, reported transition of eHARS to the State is proceeding with few errors.
- He recently attended several national meetings such as the Urban Coalition for HIV/AIDS Prevention Services (UCHAPS) and the Council of State and Territorial Epidemiologists (CSTE) Leadership Workshop. A Health and Human Services (HHS) meeting focused on consolidation among Federal agencies of prevention and care indicators pertinent to HIV, e.g., testing, late diagnosis, linkage to care, retention in care and viral load suppression. The common theme was expanded use of core surveillance data for evaluation of prevention and care monitoring. The trend is accelerating.
- He urged community input on this different vision for using surveillance data reflected in NHAS. He noted advantages as HIV has become a chronic disease and treatment is now seen as prevention much like other infectious diseases.
- Electronic and field staff surveillance continues with 3,000 cases estimated for the year. Last year there were 3,800. While it is too early to verify an actual reduction, Dr. Frye felt it likely. Total reported HIV/AIDS cases are 42,942.
- Dr. Younai noted all 2009 CDC epidemiology data for HIV in California was grayed out. Dr. Frye said the CDC requires a named surveillance system in place for a set time period, currently since 2004 or 2005. California started in 2006, so data should appear in the next report or the one after. The CDC has included California data in some areas.

B. Administrative Agency Report: Mr. Vega-Matos noted the Save the Date flyer for "New Directions in a Rapidly Changing Public Health Environment," 12/1/2011, 9:00 am to 12:00 noon, St. Anne's Conference Center.

1. **FY 2012 Ryan White Part A Application:** Ms. Wu thanked Commission, PPC and community members for their input.

2. **Low Income Health Programs (LIHPs):**

- Ms. Cross reported DHSP continues to work closely with the Department of Health Services (DHS). Recent activities have focused on pharmacy transition, medical specialty, mental health, and enrollment/screening.

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- The third DHSP/DHS outreach meeting to medical providers, 10/20/2011, was on LIHP contracting, pharmacy and mental health. Outreach to case managers and benefits specialists starts 11/17/2011 with an orientation meeting.
- DHSP participated in the 10/31/2011 HRSA call noted in the OA Report. She confirmed HRSA offered no new guidance, was not interested in collaboration on issues, and expects enrollment to begin as soon as possible.
- The other major DHSP priority is completing the comprehensive transition plan due to OA on 11/15/2011.
- Ms. DeAugustine felt the meetings have been very helpful. The key City of Long Beach concern is pharmacy access. Both interim and long-term solutions are being addressed. She noted that Dr. Gutierrez has been very accessible.
- Mr. Vega-Matos indicated that DHSP is working closely with the Department of Mental Health (DMH). DMH recently hosted a meeting for HWLA providers who will be delivering mental health. Providers were clustered in groups with similar contracting process concerns, and had technical staff to help them.
- There is a larger mental health impact than previously thought. Diagnostic data was added to Casewatch for DHSP mental health providers about a year ago. It is being used now to analyze how many RW consumers will need to transition to HWLA by income, diagnosis and acuity. Preliminary analysis is expected in about a week.
- Mr. Land asked about RW impact of the State prisoner release. Mr. Vega-Matos reported moderate increases in people released to the County from the State or diverted from the State to the County. The Board is stressing to the State that the release is an unfunded mandate. DHSP has staff in the jails, but the priority is transition to LIHP.
- Mr. Land suggested working with shelter groups. Mr. Vega-Matos noted he monitors issues through his LACHAC membership. The new Commission/DHSP grant also focuses on strengthening collaboration.
- Ms. Watt said the flip side of the release is that those with probation violations are more likely to be returned to treatment and less likely to be returned to jail. Substance abuse providers are monitoring developments.
- Mr. Johnson asked for an update on the closing of the Substance Abuse Foundation (SAF) demonstration project. Mr. Vega-Matos said a transition plan went to DMH. The CARE Program had a large client increase, so DHSP offered to consider augmentation. All augmentation requests now include assessing clients for HWLA.
- Ms. White asked if testing data for the formerly incarcerated was being tracked. Mr. Vega-Matos noted testing demographic data is tracked and is analyzed to identify how many are new positives as some people re-test. DHSP is also working to better centralize and coordinate activities pertaining to jails and the formerly incarcerated, further revamping the transitional case management program, and increasing testing in jails.
- Ms. White asked if any meetings of DHSP and the Sheriff would be open to the community. Mr. Vega-Matos said current meetings are to operationalize procedures, but suggested an open meeting on other issues.
- ☛ Mr. Vincent-Jones will request a DMH follow-up report on transition of clients from the SAF project.
- ☛ Mr. Vega-Matos will follow-up on scheduling an open meeting on jail issues.

12. PREVENTION PLANNING COMMITTEE (PPC) REPORT:

- Ms. Watt reported the PPC 11/3/2011 meeting heard a colloquium on a LAC+USC research project on the "Social Context Risk Among Heterosexually Active Homeless Men in Skid Row, Los Angeles." It emphasized missed opportunities for HIV prevention and care messaging and information when other services are being provided, such as mental health.
- The study found a high level of substance use, which was linked to sexual activity. Drugs used were alcohol, marijuana, crack, cocaine. Crystal meth use was 11%; increased from the usual 2-4%. The Integrated Task Force will review findings.
- Dr. Frye provided his report on the recent UCHAPS meeting discussions on surveillance, as noted above.
- The PPC reviewed work from the 10/5/2011 Joint Commission/PPC meeting and passed the motion to proceed with a Comprehensive HIV Plan (CHP). Subcommittees will be suspended during CHP development and PPC meetings will focus on related material. Members whose terms would expire in December 2011 were invited to stay on to complete the process.
- Ms. Watt suggested everyone consider how to define "integration" in the context of the CHP for further discussion.

13. CAUCUS REPORTS:

- A. **Consumer Caucus:** The Caucus was scheduled to meet following the Commission.
- B. **Latino Caucus:** This was postponed to December.

14. SPA/DISTRICT REPORTS:

- **SPA 1:** Mr. Sotomayor announced the CAB was being restarted. The new President, Vice President and Secretary would like to visit and speak with any CABs that are still operating to learn from them.
- **SPA 2:** Ms. Washington-Hendricks said the SPA 2 Network would like consumers to attend and offer input at their meeting.

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- **SPA 6:** Ms. White said the SPA 6 meeting would be 11/8/2011, 10:00 am to 12:00 noon, at Planned Parenthood on Broadway and Manchester. She added the 11/5/2011 "Breaking the Silence" meeting was open to HIV+ and HIV- women. There will also be an HIV 101 for new patients on 11/16/2011.

16. TASK FORCE REPORTS:

- A. **Community Task Forces:** This was postponed to December.
- B. **Comprehensive Care Planning Task Force (CCP TF) and Commission/PPC Integration Task Force (CPI TF):** Additional discussion was postponed to December.
- C. **Health Care Reform Task Force (HCR TF):** This was postponed to December.

17. PUBLIC HEALTH/HEALTH CARE AGENCY REPORTS:

A. **Healthy Way LA (HWLA) Pharmacy Services:**

- Dr. Gutierrez, Director, Pharmacy Affairs, DHS, presented on "Healthy Way LA-Pharmacy Access Plans."
- The DHS Pharmacy Affairs budget is over \$450 million annually and purchases prescriptions for patients countywide. The DHS system has four hospitals, over 18 health centers, several HIV clinics, and UCLA and USC affiliates. DHS also runs the Emergency Medical Services Agency (EMS) and provides medications to its ambulances.
- County-run pharmacies fill about 4 million prescriptions annually for the uninsured using a uniform formulary. Some County pharmacies fill up to 2,500 prescriptions daily while others fill 300-400. Pharmaceutical procurement savings have been invested in automation and staffing to improve care. Dispensing is barcode-driven to increase accuracy and support tracking.
- The medication management mission promotes best practices via evidence-based, safe and cost-effective tools and decisions, e.g., follow-up on FDA medication warnings with physicians of impacted patients. Savings are identified, such as through centralized purchasing, quarterly sales via 340B of the 1992 Veterans Health Care Act, "step therapy" protocols, and promotion of preferred drugs in high-cost classes. \$16 million saved in 2010 helped increase access.
- Physicians often do not know relative cost of similar drugs, e.g., \$80 serves one client on Lipitor but 80 on Simvastatin. Physicians routinely prescribing more costly drugs rather than equally effective, less costly ones are identified and chief medical officers receive feedback. Prior authorization assures access to more costly and/or less safe drugs, if needed.
- The Core Pharmacy and Therapeutics (CP&T) Committee is composed of the P&T chairs from all facilities. It interacts with the Patient Safety Committee, best practices committees, and Expert Review Panels (ERPs). Two ERPs pertain to HWLA. The Primary Care ERP began this spring and the HIV Therapy ERP is being developed in coordination with DHSP.
- Dr. Gutierrez noted the medications budget was less than expenditures in FY 2004-2005. The medications program began in 2006 and the budget began to increase due to increased volume. The budget increased again in FY 2007-2008 to compensate for the loss of 340B access to about half of outpatients, due to HRSA changes, while expenditures remained flat. By FY 2010-2011, expenditures reflected savings of \$10 million that can be used to improve access.
- The 11/4/2011 "Morbidity and Mortality Weekly Report" presented a National Health Interview Survey from 1999 to 2010. It showed 20% of those aged 18-64 who did not get needed prescription drugs due to cost were below 100% of the Federal Poverty Level (FPL). The County goal is to ensure access to this vulnerable population.
- The HRSA 340B Program requires pharmaceutical companies to sell outpatient drugs at a lower price to qualifying HRSA "covered entities." DHS has participated since 1992. Consolidated health centers, disproportionate share hospitals, Federally Qualified Health Centers (FQHC) and look-alikes, and RW grantees are eligible, though not all join.
- The necessity for RW grantee participation is underscored by comparing costs for one regimen under 340B, \$741, versus without, \$1,551.
- The goal of Phase I – HWLA HIV Pharmacy Access is to provide immediate, though limited, access through a contracted 340B pharmacy to contain costs. The \$23 million in oncology care is now the most costly category within the \$100 million annual DHS total. Adding 5,000 PLWH will cost about \$60 million more under 340B or \$120 million without.
- DHS will honor existing on-site pharmacies and contract pharmacy arrangements while leveraging local DHS pharmacies to provide access for sites without pharmacies. Retroactive reimbursement will be through HWLA billing for the 340B drug cost plus a \$9 dispensing fee for medications dispensed through contract pharmacy arrangements.
- There was a meeting with all HIV providers on the plan. Dr. Gutierrez reviewed all HRSA "covered entity" HIV providers, determined their contract pharmacy arrangements and assigned those without one to a DHS pharmacy if desired.
- Dr. Gutierrez noted initial concern over limited sites compared to ADAP, but a narrowed network may help ensure retention. Most large providers such as AIDS Healthcare Foundation (AHF) provide prescriptions on-site. A similar process may help avert initial issues. Quality is also important as patients will have a choice beginning in 2014.

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- In the future, if time is available, Dr. Gutierrez would like to use a contract pharmacy administrator to manage the relationships between the pharmacies, the covered entities (clinics) and DHS facilitating claims and payments to improve cash flow at clinics. HRSA allows only contracted clinics to pay for 340B drugs, so pharmacies would promptly forward claims.
- Contracts are needed for the administrator with each HIV clinic and the administrator. Network pharmacies must also be identified. Several have already applied. Finally, the Board must approve contracts and HRSA must approve the plan.
- While there will be fewer HWLA pharmacies than under ADAP, the formulary will be larger and include primary care drugs. ADAP reimbursement includes a margin while HWLA reimburses at 340B cost. ADAP provides compliance packaging with multiple drugs packaged together while HWLA uses traditional methods, i.e., bottles. HWLA lacks funds for compliance packaging, but it can also be an issue if a drug is recalled. ADAP provides \$60 million more in funds.
- Dr. Gutierrez noted she was asked about potential resource needs. She would like mail and courier delivery options. Mail service is now offered only for Lake Los Angeles patients as they are 45 miles from the Lancaster clinic. Pharmacies charge about \$8 for courier service. Medication adherence tracking with feedback to providers could also be valuable for active case management. She was working with the USC School of Pharmacy to identify NIH funding for tracking.
- Dr. Cadden was concerned about the LAC+USC pharmacy five-hour wait time. Dr. Gutierrez replied that, per electronic tracking, time from filling a prescription to shelf does not exceed 90 minutes, but she is asking for creative improvements.
- There are multiple options. Community providers can contract with pharmacies to dispense drugs and some have them delivered daily for distribution. DHS pharmacies do not offer automatic refills to avert issues with prescription changes or hoarding. They do offer voice activated refill requests, which may be done two days in advance of pick-up. Other options for speeding up refills are an alternate shift, processing them in off-hours or a separate pick-up window.
- Ms. Watt felt long waits were due to educating patients at pick-up rather than filling the prescription. Providers should educate clients on planning refills to avert delay and possibly allow providers to help with pick-up. Consumers have become accustomed to service on demand and must learn responsibility is necessary now. Mr. Vega-Matos added DHSP chart reviews include asking all service providers to follow-up with primary care physicians on client adherence.
- Mr. Land suggested a Consumer Advisory Board (CAB) to help identify problems. Dr. Gutierrez will consider it.
- Mr. Engeran-Cordova said AHF expects 1,600 of its patients will migrate to HWLA, but continue AHF pharmacy services. He asked how many patients would need to change pharmacies and what education will be offered. Dr. Gutierrez said most patients were with larger providers and would not change. Ms. Cross said DHSP plans to identify HWLA enrollees when screening for ADAP. Those migrating will be provided an explanation and information at the screening.
- Mr. Vega-Matos added DHSP will be working with case management and benefits specialty providers to encourage a consistent message. DHSP also plans to leverage the Consumer Caucus for additional education. Part of the transition plan required by the State includes a commitment to deploy Medical Care Coordination (MCC). That is important as not all providers have case managers or benefits specialists and HWLA has very limited care coordination coverage.
- Ms. Peterson asked when pharmacies will be prepared to handle the new HWLA patients. Dr. Gutierrez said they will be ready by 1/1/2011. Meanwhile, she was working on a contract with a wholesaler for an automated central site able to process 500 refills per hour. It might also be able to mail refills. The contract will go to the Board by January.
- Ms. DeAugustine said Long Beach was educating their patients. Dr. Gutierrez asked if ADAP provided data on filled prescriptions. Ms. DeAugustine said it did not. Dr. Gutierrez noted HWLA would provide compliance data. Dr. Cadden noted Rand Schrader did get such data after developing relationships with community pharmacies.
- Mr. Vincent-Jones noted the key consumer concern is access. He complimented Dr. Gutierrez and DHS in aggressively addressing issues with the migration to HWLA especially as key issues only emerged in the last six to eight months. He noted “secret shopper” programs have been very effective in gathering qualitative data not otherwise available. He also asked how the Commission could best help. Dr. Gutierrez requested identification of funds to mail prescriptions.
- Ms. Kelly Nguyen reiterated Medi-Cal cut concerns. Dr. Gutierrez suggested joining the network for 340B access.
- ➡ Dr. Gutierrez welcomed Dr. Cadden’s suggestion to recruit HIV ERP members from the DHS HIV Best Practices Committee of which he is Chair. She encouraged him to work with her and Dr. Sayles on recruitment.
- ➡ Dr. Gutierrez will discuss the problem at Rand Schrader with the pharmacy director at LAC+USC.
- ➡ Mr. Vega-Matos said DHSP will work with DHS to open HWLA transition training to HWLA health educators.
- ➡ Dr. Gutierrez will consult with DHSP to learn about their “secret shopper” experiences.

18. STANDING COMMITTEE REPORTS:

A. Priorities & Planning (P&P) Committee: Commissioners stated their conflicts prior to P&P deliberations.

1. **FY 2012 P-and-A Directives:** Mr. Land noted directives may be “expectations” (must do), “recommendations” (should do), or “guidance” (better to do). The following were developed as “expectations” pursuant to FY 2012 allocations:
 - ① **To DHSP:** Increase oral health service linkages to nutritional counseling.
 - ② **To the P&P Committee and DHSP:** Monitor FY 2012 medical outpatient services quarterly – including client utilization and expenditures – to accurately inform contingency funding scenarios.
 - ③ **To the SOC Committee and DHSP:** Develop standards of care and implementation plans for vision services (ophthalmology and optometry).
 - ④ **To the Commission and DHSP:** Explore mechanisms to integrate routine HIV screening and testing into HIV services, including methods of reimbursement.

MOTION 4: Approve the FY 2012 Priority- and Allocation-Setting (P-and-A) directives, as presented (**Passed: 22 Ayes; 0 Opposed; 0 Abstention**).

2. **SPA 1 Allocation Threshold:** Mr. Rivera and Ms. Peterson recused themselves from this discussion.

- Regarding recusal, Mr. Vincent-Jones said the conflict-of-interest policy requires a representative of an agency directly impacted by an allocation discussion to recuse him or herself. Recusal includes voting and participation in the discussion, as opposed to abstention which is a choice not to vote. SPA 1 has a very limited number of providers.
- Mr. Land noted the Commission reviewed SPA 1 needs and disparities in 2009. It was decided to require a specific service mix to ensure essential services available in the rest of the County, as well as a minimum investment of \$1,180,000 to sustain it.
- P&P recommends retaining the service mix, but removing the minimum investment to provide DHSP flexibility in addressing changes, such as LIHP enrollment that will reduce the estimated 321 people needing RW services.
- Mr. Engeran-Cordova noted significant funds were directed to the minimum threshold, so he was interested in results. If the special SPA 1 zone approach failed, then it should be addressed in the same way as other SPAs.
- Mr. Vincent-Jones clarified that the motion did not address contract procurement effectiveness. The original assessment was made based on data that showed a higher proportion of people living in poverty and relying on Ryan White-funded care in SPA 1. That will change as low-income clients are enrolled in HWLA. The range of required SPA 1 services is smaller than provided elsewhere, but deemed essential. The Commission cannot address contracts per se, but can review utilization.
- Mr. Vega-Matos added DHSP normally reviews contracts in about a year, which has not yet elapsed. Further, SPA 1 reflects a package of services with utilization differing among them. Of SPA 1 services, HWLA will affect medical outpatient, medical specialty and, eventually, mental health. DHSP considers the vote to mean that it can adjust funding up or down based on utilization once the SPA 1 review is done and patients are enrolled in HWLA.
- Mr. Kelly stated for the record he voted “no” as he did not understand the original purpose of the minimum allocation and its revocation now.

MOTION 5: Remove the SPA 1 minimum allocation threshold and maintain the required service mix, as presented (**Passed: 18 Ayes; 1 Opposed; 1 Abstention; 2 Recused**).

3. **Core Medical Services Waiver Request:**

- Mr. Land reported P&P discussed feasibility of recommending that DHSP request a waiver from the HRSA 75% core medical services expenditure requirement in the event it should be needed consequent to LIHP implementation.
- Mr. Vincent-Jones noted the administrative agency (DHSP) must request the waiver. Such a request must be coordinated with the planning council (Commission) due to its charge to set priorities and allocations.
- HRSA requirements are: State certification of no current/anticipated ADAP waiting list; certification that all statute-defined core medical services, regardless of funding source, are available within 30 days for all identified/eligible persons in the service area; evidence of a public process to seek input on availability of core medical services; and evidence that waiver receipt is consistent with the annual RW application.
- Mr. Land noted significant resources would be needed to meet requirements. P&P felt it not feasible at this time.
- Mr. Vega-Matos noted P&P discussion concerned savings from medical outpatient, medical specialty and some other HWLA-covered services. Commission re-allocation directives shift savings to other core medical services such as oral health, so DHSP did not expect to need a waiver now. It may in future if federal funding changes.

B. Standards of Care (SOC) Committee:

1. Pol #05.8001: Grievance Process:

- Mr. Vincent-Jones said RW legislation has required grantees and planning councils to establish procedures to address grievances in their respective areas of responsibility since 1990. The Commission has had a policy on file since 1997 for service- and system-level grievances that concern adherence to the continuum of care and/or standards of care, but it lacks functional procedures. There is a separate Priority- and Allocation-Setting process.
- Stakeholders affected by the outcomes of actions taken/not taken to conform to requirements are entitled to file a grievance. Three parties can be grieved: the planning council (Commission), grantee (DPH), administrative agency (DHSP). The fourth principal RW partner is the Board, but the Commission lacks redress authority so issues are referred to the Board. Evidence of retaliation for filing a grievance is referred to the County Counsel and the Board.
- The Commission refers grievances outside its purview, e.g., DHSP addresses contracting or procurement issues. Uncovered issues include non-RW system grievances and personnel issues or grievances among Commissioners.
- The Executive Committee responds to grievances for the Commission using committee rules, e.g., meetings are open and quorum applies. The public can participate in the process through conflict/dispute resolution, but not in non-binding mediation or binding arbitration. Votes are by majority roll call except for two-thirds required to overturn an Executive Director finding that an appeal is valid/invalid or, due to cost, to move to binding arbitration.
- The process has three phases: certification to determine if the grievance falls within Commission authority; adjudication to determine if the grievance is valid, can be substantiated and sustained; and resolution, through escalating steps of conflict/dispute resolution, non-binding mediation, and binding arbitration.
- A “grievance issue” is the core issue being addressed. A “grievance claim” is that issue prior to adjudication. A “grievance” is a claim upheld during adjudication and moved to resolution. There are three dispute types: of a decision made/action taken; lack of decision/action adherence; and lack of resolution plan implementation.
- Standard Commission conflict-of-interest rules apply. If the Commission is the grieved party, the process will assume the grievance is valid and begin at the resolution stage of the process.
- The process starts by filing a grievance form, which can be filed anonymously. If so, the Executive Committee will assume the role as grievant. That approach is not encouraged as it excludes the filer from process participation.
- The form is reviewed in the certification phase for completion and whether it falls under Commission authority. Issues outside such authority are referred and the rest certified. Grievants are notified of certification, the schedule and their responsibilities, including signing and returning the certification agreement.
- Signed certification agreements are scheduled for the validation and substantiation adjudication phases at the next regularly scheduled Executive Committee meeting. Sustaining the grievance is reviewed at the following meeting. The Executive Committee reports final adjudication to the Commission. Appeals of adjudication are allowed.
- Resolution starts with the least adversarial step of conflict/dispute management. If that fails, the dispute moves to non-binding mediation with a third party mediator. The County has a mediation program available to the Commission. If that fails, the dispute moves to binding mediation with a third party mediator in a hearing context.
- Binding arbitration could entail significant cost. The Commission bears the cost if the Executive Committee cannot make a decision at the non-binding mediation level. Costs will be shared if both parties reach an impasse. If one party is obstructive and refuses to participate, then that party will bear the cost.
- A resolution agreement is a strategy to rectify the issue and mitigate harm, in a specific plan with benchmarks and timelines to be monitored. The grievance is closed once both parties sign and return plan acknowledgement.
- If binding arbitration has been completed, but parties are not participating and meeting their obligations, then the matter will be referred to the Board, Auditor-Controller, County Council and possibly other relevant departments.
- A process flow map is being developed to further understanding of the timeline.
- A summary will be prepared of the lengthy policy to aid in its dissemination, e.g., on the website.
- ➡ Public comment was opened until 11/30/2011. It will be presented for voting with attachments in December.

C. Joint Public Policy (JPP) Committee: The next JPP meeting will be 11/30/2011, 2:00 to 5:00 pm.

1. State Medi-Cal Budget Reductions:

- Mr. Fox noted the CMS approval of Department of Health Care Services (DHCS) 10% Medi-Cal cuts to providers mentioned earlier in the meeting. In addition to pharmacies, other Medi-Cal providers will also receive the cuts.
- DHCS has yet to hear whether two more State Plan Amendments (SPAs) will be approved by CMS. They would impose soft caps on visits and add Medi-Cal consumer co-payments. Many groups are asking CMS for refusal.

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2. 2011 Legislative Docket:

- Mr. Fox noted HCR implementation bills converted to two-year bills to ensure consistency with the Affordable Care Act (ACA): AB 43, AB 714, AB 792 and SB 677. Perennial SB 810, single-payer health care coverage, is in suspense.
 - ↳ *AB 96 (Blumenfield) Adult Day Health Care:* (Commission: Support) Established Medicaid Waiver transition program for adults losing care due to a cancelled Medi-Cal optional benefit. Vetoed by Governor, 7/25/2011.
 - ↳ *AB 310 (Ma) Prescription Drugs:* (Commission: Support) Prohibits health care plans and insurers offering outpatient drug coverage from requiring coinsurance and caps a prescription one-month co-payment at \$150. Assembly Appropriations suspense due to fiscal concerns, 5/27/2011.
 - ↳ *AB 491 (Portantino) HIV Testing:* (Commission: Support) Sets goal of 500,000 annual HIV tests, allows removal of written informed consent in community testing venues to match clinical settings, allocates state/federal HIV testing funds per Local Health Jurisdiction (LHJ) prevalence. Senate Health suspense, 6/23/2011.
 - ↳ *AB 499 (Atkins/Ma) Minors; Medical Care; Consent:* (Commission: Support) Allows a minor 12 years old or older to consent to medical care related to prevention of an STD. Chaptered by Secretary of State, 10/9/2011.
 - ↳ *AB 604 (Skinner) Syringe Exchange:* (Commission: Support) Expands city, county, or city/county authority for needle/syringe exchange; includes State Department of Public Health (DPH) entity authorization if risk of rapid deadly/disabling infection spread. OA has issued guidance. Chaptered by Secretary of State, 10/9/2011.
 - ↳ *AB 673 (Pérez/Lara) Office of Multicultural Health; LGBT Communities:* (Commission: Support) Integrates LGBT health issues into Office of Multicultural Health. Chaptered by Secretary of State, 10/9/2011.
 - ↳ *AB 1296 (Bonilla) Health Care Eligibility, Enrollment, and Retention Act:* (JPP: Watch) Related to HCR implementation; ensures access by proper referral to care. Chaptered by Secretary of State, 10/9/2011.
 - ↳ *AB 1300 (Blumenfield) Medical Marijuana:* (Commission: Support; Oppose after amended) Defines cooperative or collective for Medical Marijuana Program; allows city or other local governing body to adopt and enforce local ordinances regulating cooperative or collective. Chaptered by Secretary of State, 8/31/2011.
 - ↳ *AB 1327 (Portantino) Medi-Cal Services:* (Commission: Support with original language) Requires DHCS to determine a single per capita rate to managed care plans for services to Medi-Cal PLWH/A using all CDC and National Drug Code AIDS coding elements. Assembly Appropriations suspense, 5/27/2011.
 - ↳ *AB 1382 (Hernández) HIV Counselors:* (Commission: Support) Authorizes HIV counselors who meet skin puncture HIV test requirements to do HCV or HIV/HCV tests. Chaptered by Secretary of State, 10/9/2011.
 - ↳ *SB 41 (Yee) Hypodermic Needles and Syringes:* (Commission: Support) Deletes prohibition on possessing needles/syringes without prescription; ends Disease Prevention Demonstration Project; requires pharmacies provide secure storage and consumer options for disposal. Chaptered by Secretary of State, 10/9/2011.
 - ↳ *SB 129 (Leno) Medical Marijuana; Qualified Patients and Primary Care-givers; Employment Discrimination:* (Commission: Support) Bars employer hiring, termination or employment condition discrimination based on qualified medical marijuana patient status or positive drug test. Senate inactive file, 9/9/2011.
 - ↳ *SB 414 (Anderson) Health Facilities:* (Commission: Watch) Makes technical, non-substantive changes to health care facility regulations. Senate Rules suspense, 2/24/2011.
 - ↳ *SB 422 (Wright) Reporting of Certain Communicable Diseases:* (Commission: Watch) Expands authority of local public health agencies, for specified purposes, to disclose public health record information on HIV/AIDS to include when subject of record is HIV+; non-substantive change. Chaptered by Secretary of State, 8/1/2011.
 - ↳ *SB 743 (Emmerson/Hernández/Galgian) Medical Providers Interim Payment Fund:* (Commission: Support) Sets aside \$2 billion from General Fund annually for Fund. Senate Appropriations suspense, 5/26/2011.
 - ↳ *SB 757 (Lieu) Discrimination:* (Commission: Support) Requires health care service plan contracts and health or other insurance policies for state residents to provide equal registered domestic partner and spousal coverage and comply with all non-discrimination state law requirements. Chaptered by Secretary of State, 10/9/2011.

3. 2012 Legislative Agenda:

- Mr. Fox reported JPP will work to support AB 1327, which will be reintroduced with original language. The Medi-Cal capitation rate for PLWH/A will be essential to ensure adequate care especially as more enter Medi-Cal by 2014.
- JPP is also establishing a work group on possible routine HIV testing legislation for the County to sponsor. The first meeting will be 11/8/2011, 1:00 pm, at the Commission offices with Commission, PPC and DHSP representatives. The group will consider language and reimbursement issues as well as review existing legislation from other areas.

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D. Operations Committee: Ms. Peterson was congratulated on her election as Co-Chair.

1. Member Nominations:

MOTION 6: Nominate Cheryl Barrit for the City of Long Beach representative seat and forward to the Board of Supervisors for appointment (**Passed as Part of the Consent Calendar**).

2. Ordinance Title 3 – Chapter 29: Mr. Vincent-Jones reported the Ordinance would go to the Board on 11/22/2011. It was expected to be approved within two or three weeks later.

19. COMMISSION COMMENT: Ms. James said Dr. Eric Daar missed the Commission and offered Dr. Cadden congratulations.

20. ANNOUNCEMENTS: There were no announcements.

21. ADJOURNMENT: Ms. DeAugustine adjourned the meeting at 1:35 pm.

A. Roll Call (Present): Aviña, Bailey/Lewis, Cadden, DeAugustine, Fox, Frye, Goddard, Green, James, Johnson, Kelly, Land, Liso, Long, Lopez, Peterson, Rivera, Simon, Sotomayor, Vega-Matos, Washington-Hendricks, Watt, Younai

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MOTION AND VOTING SUMMARY		
MOTION 1: Approve the Agenda Order.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION 2: Approve minutes from the 8/11/2011 and 9/8/2011 Commission on HIV meetings and the 10/5/2011 Joint Commission on HIV/Prevention Planning Committee meeting.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION 3: Approve the Consent Calendar with Motions 4 and 5 pulled for deliberation.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION 4: Approve the FY 2012 Priority- and Allocation-Setting (P-and-A) directives, as presented.	Ayes: Aviña, Bailey, Cadden, DeAugustine, Engeran-Cordova, Goddard, Green, James, Johnson, Kelly, Land, Liso, Long, Lopez, Palmeros, Peterson, Rivera, Simon, Sotomayor, Vega-Matos, Washington-Hendricks, Younai Opposed: None Abstention: None	MOTION PASSED Ayes: 22 Opposed: 0 Abstention: 0
MOTION 5: Remove the SPA 1 minimum allocation threshold and maintain the required service mix, as presented.	Ayes: Aviña, Bailey, Cadden, DeAugustine, Engeran-Cordova, Goddard, Green, James, Johnson, Land, Liso, Long, Lopez, Palmeros, Simon, Vega-Matos, Washington-Hendricks, Younai Opposed: Kelly Abstention: Sotomayor Recused: Peterson, Rivera	MOTION PASSED Ayes: 18 Opposed: 1 Abstention: 1 Recused: 2
MOTION 6: Nominate Cheryl Barrit for the City of Long Beach representative seat and forward to the Board of Supervisors for appointment.	<i>Passed as Part of the Consent Calendar</i>	MOTION PASSED